

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030618

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128Primary Registration District No. 2ndRegistrar's No. 1220

FILED AUG 20 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH

a. COUNTY

GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)

SPRINGFIELD

Length of stay in 1b

44 YRS.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION ST. JOHN'S HOSP.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

GREENE

c. CITY

OR
TOWN

SPRINGFIELD

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

1531 S. JEFFERSON

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

WILLIAM

Middle

M.

Last

GIBBS

4. DATE
OF
DEATH

Month

AUG.

Day

11

Year

1962

5. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
5-4-819. AGE (last birthday)
81IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during working life, even if retired)

MOULDER

10b. KIND OF BUSINESS OR INDUSTRY
WESCO MFG. CO.11. BIRTHPLACE (City and state or country)
Bridgeport, Ala.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

JOHN WESLEY GIBBS

13b. MOTHER'S MAIDEN NAME

MARY CAROLINE BENNETT

14. NAME OF HUSBAND OR WIFE

SARAH GIBBS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, or unknown) (If yes, give war or dates of service)

NO

17. INFORMANT

Address

SARAH GIBBS, SPRINGFIELD, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chronic Pulmonary Emphysema

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Pulmonary Fibrosis due to

DUE TO (c)

Probable Old Pulmonary Tuberculosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Generalized Arteriosclerosis

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from August 8, 1962 to August 11, 1962 and last saw him alive on August 11, 1962

Death occurred at 3:10 a.m.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Typed or printed)

William P. Maddux

(Typed or printed)

M.D.

22b. ADDRESS

609 Cherry

Springfield, Missouri

22c. DATE SIGNED

8/11/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

8/13/62

23c. NAME OF CEMETERY OR CREMATORY

GREENLAWN

23d. LOCATION (City, town, or county)

SPRINGFIELD, MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

H.H. LOHMEYER FUNERAL HOME
SPRINGFIELD, MO.

25. DATE RECD. BY LOCAL REG.

8-15-62

26. REGISTRAR'S SIGNATURE

Effie S. Meeter

NOV 16 1962

NOV 16 1962

Permit

Aug 13-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

H. M. C. Carr

Licensed Embalmer No.

2727

P. O. Address

Spanghord

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.